

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Darilyn	2. Surname (Last Name) Moyer	3. Date 19-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ryan Crowley
5. Manuscript Title Climate change and Health: a Position Paper of the American college of Physicians		
6. Manuscript Identifying Number (if you know it) M15-2766		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Moyer has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Fatima

2. Surname (Last Name)
Syed

3. Date
26-February-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Climate Change and Health: A Position Paper of the American College of Physicians

6. Manuscript Identifying Number (if you know it)
M15-2766

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Dr. Syed has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Micah

2. Surname (Last Name)

Beachy

3. Date

04-March-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Ryan Crowley

5. Manuscript Title

Climate Change and Health: A Position Paper of the American College of Physicians

6. Manuscript Identifying Number (if you know it)

M15-2766

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Section 1. Identifying Information

1. Given Name (First Name) James	2. Surname (Last Name) Bush	3. Date 17-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ryan Crowley
5. Manuscript Title Climate Change and Health: A Position Paper of the American College of Physicians		
6. Manuscript Identifying Number (if you know it) M15-2766		

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Section 1. Identifying Information

1. Given Name (First Name) Gregory	2. Surname (Last Name) Kane	3. Date 09-February-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ACP Health and Public Policy Committee
5. Manuscript Title Lesbian, Gay, Bisexual, and Transgender (LGBT) Health Disparities: Executive Summary of a Policy 2 Position Paper From The American College of Physicians		
6. Manuscript Identifying Number (if you know it) M14-2482		

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Dr. Kane has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Gregory	2. Surname (Last Name) Hood	3. Date 09-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Crowley
5. Manuscript Title Climate Change and Health: A Position Paper of the American College of Physicians		
6. Manuscript Identifying Number (if you know it) m15-2766		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Hood has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Ryan

2. Surname (Last Name)
Crowley

3. Date
29-February-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Climate Change and Health: A Position Paper of the American College of Physicians

6. Manuscript Identifying Number (if you know it)
M15-2766

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Mr. Crowley has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) carrie	2. Surname (Last Name) horwitch	3. Date 17-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ryan crowley
5. Manuscript Title Climate Change and Health: A Position Paper of the American College of Physicians		
6. Manuscript Identifying Number (if you know it) m15-2766		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Robert	2. Surname (Last Name) Lohr	3. Date 02-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Not yet known
5. Manuscript Title Climate Change and Health: A position paper of the American College of Physicians		
6. Manuscript Identifying Number (if you know it) M152766		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) DOUGLAS	2. Surname (Last Name) DeLONG	3. Date 16-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name RYAN CROWLEY
5. Manuscript Title Climate Change and Health: A Position Paper of the American College of Physicians		
6. Manuscript Identifying Number (if you know it) M15-2766		

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Shakaib	2. Surname (Last Name) Rehman	3. Date 05-February-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ryan Crowley
5. Manuscript Title "Climate Change and Health: A Position Paper of the American College of Physicians."		
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Dr. Rehman has nothing to disclose.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Kenneth	2. Surname (Last Name) Olive	3. Date 16-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ryan Crowley
5. Manuscript Title Climate Change and Health: A Position Paper of the American College of Physicians		
6. Manuscript Identifying Number (if you know it) M15-2766		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Olive has nothing to disclose.

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1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sue	2. Surname (Last Name) Bornstein	3. Date 15-June-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ryan Crowley
5. Manuscript Title The Integration of Care for Mental Health, Substance Abuse and Other Behavioral Health Conditions into Primary Care: An American College of Physicians Position Paper		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name) Mitch	2. Surname (Last Name) Biermann	3. Date 16-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ryan A. Crowley
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